

The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
07/30/09 <http://healthlab.hhs.mt.gov/>



Rapid Toxic Screen of Blood & Urine -Chemical Terrorism Event

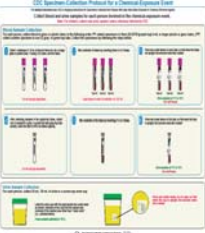
As part of national emergency preparedness and response to in a chemical terrorism event, the Centers for Disease Control and Prevention developed a protocol to collect clinical blood and urine samples from exposed individuals. In such an event it is important to coordinate with law enforcement, local health officials, your emergency room and MT Laboratory Services Bureau (MTLSB). You will receive advice on maintaining forensic evidence, specimen integrity and utilizing a chain of custody as part of documentation

Specimens would be collected and shipped to the MTLSB in Helena upon direction of a physician and the MTLSB. Each local health jurisdiction has an emergency transport plan or could arrange to use the MTLSB Courier Service. The MTLSB is the gateway between the Sentinel laboratories and the CDC where these specimens would be tested for chemical toxins.

In 2005, two insulated shipping containers were sent to each hospital laboratory and local health jurisdiction. The boxes, vacuum tubes and urine cup are an EXAMPLE of how samples would be collected and transported (blood cold and urine frozen). The collection supplies (3-4 purple top & 1 green/gray top vacuum tubes and 1 urine cup) are an example of one set needed for one patient. In the event of an actual toxic chemical exposure, blood and urine would be collected from numerous symptomatic people. One unopened tube and cup for each lot number are to be enclosed as blanks for background testing. Supplies of vacuum tubes and urine cups are obtained from your hospital laboratory should sample collection become necessary. CDC has approved the use of plastic or glass vacuum tubes. You may use either green or gray top heparin tubes.

Please access the CDC protocol posted on the MTLSB website. This link will take you to the Laboratory Preparedness page and CDC specimen collection documents (see graphic at left of this article): <http://www.dphhs.mt.gov/PHSD/Lab/Lab-EP/ab-ep-index.shtm>

For more information contact Joel Felix, Chemical Terrorism Coordinator 406-444-4115 jfelix@mt.gov or Kathy Martinka, Bioterrorism Coordinator 406-444-0944 kmartinka@mt.gov



Rectal & Pharyngeal GC and CT

In a recent MMWR article, CDC recommends screening of at-risk men who have sex with men (MSM) at least annually for urethral and rectal gonorrhea and chlamydia, and for pharyngeal gonorrhea.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5826a2.htm>

Nucleic acid amplification tests (NAAT) have been found to be substantially more sensitive than other methods for the detection of both *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections. Because testing rectal and throat swabs is an off-label use of the NAAT tests, laboratories must verify the performance of their NAAT assay on these specimens. CDC and the Association for Public Health Laboratories (APHL)/CDC STD Steering Committee is currently facilitating the verification of this testing in public health laboratories. A verification panel of specimens is being developed as well as guidance for acceptable verification protocols.

Currently the MTPHL offers rectal and throat Ct/GC screening through the Utah Public Health Laboratory, until the verification can be completed in-house.

Submit All Influenza Specimens in VTM in a Cold Condition

The Centers for Disease Control and Prevention (CDC) has requested that Public Health Laboratories perform culture on Influenza specimens received for confirmatory testing to allow for additional surveillance testing. A representative sample of RT-PCR and culture positive Novel H1N1 (Swine-Like) Influenza A specimens will be sent to CDC for further testing. It is of vital importance that the virus be obtained from all parts of the country and characterized in advance of a possible second wave this fall.

In order for Influenza specimens to remain viable for culture, the inoculated viral transport media (VTM) must be shipped in a cold condition (e.g., blue ice packs). MTPHL will continue to perform either RT-PCR or culture as your facility has requested; the additional surveillance testing will be performed at no additional charge.

Note: If submitting nasopharyngeal swabs, be sure to cut them off so they fit inside the transport tube. Do not loop the wire around the outside - the specimen will leak in transit.



Viral culturing



PCR Section of the MT PHL

MT Communicable Disease Update as of 07/24/09

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.

Questions regarding its content should be directed to 406.444.0273 (24/7/365).

<http://cdepi.hhs.mt.gov>

DISEASE INFORMATION

Summary – Week 26-28 – Ending 7/18/2009 – Disease reports received at DPHHS during the reporting period June 28 – July 18, 2009 included the following conditions: various enteric conditions [amebiasis, campylobacteriosis, cryptosporidiosis, E. coli 0157:H7, giardiasis, salmonellosis, typhoid fever in a traveler), pertussis, rabies in a skunk, Rocky Mountain Spotted Fever and varicella. NOTE: The spreadsheets have multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

OF NOTE:

** There have been 10 confirmed or probable cases of **Rocky Mountain Spotted Fever** to date in 2009; compared to 2 cases in 2008.

** There have been three recent cases of **pertussis** in eastern Montana (two babies, one 8 year old child). Please remind providers to include pertussis in their differential diagnostic workup when seeing patients with chronic cough. In addition, it is important to immunize those ages 10-64 with Tdap per ACIP recommendations (<http://www.immunize.org/cdc/schedules/>) in order to protect children who are not fully vaccinated.

Influenza Surveillance – As of July 24, 2009, Montana is reporting 122 laboratory confirmed cases of novel influenza A (H1N1), 8 hospitalizations and no deaths in 22 counties. >90% of positive influenza A PCR tests are now novel influenza A H1N1. It is anticipated that cases will continue to occur over the next few weeks. Nationally, during week 28 (July 12-18, 2009), influenza activity decreased in the United States; however, there were still higher levels of influenza-like illness than is normal for this time of year. NOTE: July 24, 2009 is the last date that the CDC and Montana will provide information on individual confirmed and probable cases of novel H1N1 influenza. Montana will continue to use traditional surveillance systems to track the progress of the novel H1N1 flu outbreak at <http://cdepi.hhs.mt.gov>. Montana CDEpi program still wants to know about hospitalizations and deaths due to influenza and will notify any county that has NOT had a confirmed case regarding PCR positive test results.

For more information about CDC's novel H1N1 influenza surveillance system, see [Questions & Answers About CDC's Novel H1N1 Influenza Surveillance](#).

NEW! Influenza Resources

- Ten Steps You Can Take: Actions for Novel H1N1 Influenza Planning and Response for Medical offices and Outpatient Facilities <http://www.cdc.gov/h1n1flu/10steps.htm>
- ACIP Prevention & Control of Seasonal Influenza - Vaccines <http://www.cdc.gov/mmwr/pdf/rr/rr58e0724.pdf>

West Nile Virus Surveillance – Although Montana has not had its first human case yet, WNV was detected in a horse in Sanders County and in mosquitoes from Cascade County. For more information on WNV activity in the nation and to learn how to prevent WNV: <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

Animal Bites and Bat Exposures – Please remember these tips regarding exposures:

- ☐ All animal bites should be reported to the LOCAL HEALTH DEPARTMENT. Please make sure that local emergency rooms, urgent care clinics and providers have local health department 24/7/365 contact information.
- ☐ State CDEpi personnel are available at (406) 444-0273 24/7/365 for consultation regarding post-exposure prophylaxis and to release password for *Imovax only* as needed.
- ☐ Rabies exposure assessment algorithm: <http://www.dphhs.mt.gov/PHSD/epidemiology/documents/RABIESASSESSMENTDPHHS.pdf>
- ☐ For more information on rabies or rabies vaccine: www.cdc.gov/rabies.

NEW! ACIP Update on Rabies 4 Dose PEP Schedule - On June 24, 2009, the ACIP approved a recommendation to reduce the rabies PEP schedule from 5 doses to 4 doses (given on days 0, 3, 7, and 14, and elimination of 5th dose on day 28). This applies to all routine uses of rabies PEP. More details regarding the rationale for this change are available in the ACIP meeting minutes from the Feb 2009 meeting at: <http://www.cdc.gov/vaccines/recs/acip/downloads/min-feb09.pdf>. Frequently asked questions about the change can be found at: <http://www.cdc.gov/RABIES/qanda/ACIP4dose.html>

NEW! Testing for Rectal and Pharyngeal STDs - Attached is a letter regarding the article, "Testing for Rectal and Pharyngeal Neisseria gonorrhoeae and Chlamydia trachomatis Infections by Gay-Focused Community-Based Organizations — 5 U.S. Cities, 2007" included in the July 10, 2009 edition of CDC's Morbidity and Mortality Weekly Report (MMWR).